

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF IOWA**

CREDIT CARD AUTHORIZATION

_____ *Updated*

PLEASE PRINT

Name of Law Firm/Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax No.: _____

hereby authorizes the United States Bankruptcy Court for the Northern District of Iowa to charge the following credit card number for payment of filing fees and other court related expenses for all documents filed through the Electronic Case Filing Program.

Primary Card:

VISA / Master Card / American Express / Discover / Diners Club (Circle one)

Card No.: _____ Amex ID# _____ Expiration Date: _____

Name on Card:

Statement Billing Address for card:

Secondary Card:

VISA / Master Card / American Express / Discover / Diners Club (Circle one)

Card No.: _____ Amex ID# _____ Expiration Date: _____

Name on Card:

Statement Billing Address for card:

This form will be securely maintained in the Clerk's Office and shall remain in effect until specifically revoked in writing. It is the responsibility of the law firm/attorney named herein to notify the Clerk's Office when the information on this form has expired or changed, or if the card has been canceled or revoked.

Signature: _____ Date: _____

**Return to: United States Bankruptcy Court
Northern District of Iowa
Attn: Financial Deputy
PO Box 74890
Cedar Rapids, IA 52407-4890**